Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING **NVS640HOS** 04/21/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3100 N TENAYA **MOUNTAINVIEW HOSPITAL** LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID iΩ (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) S 000! Initial Comments S 000 S512 Letter of apology will be sent to the This Statement of Deficiencies was generated as family including our plan of correction. a result of complaint investigation conducted in your facility on 04/21/10 in accordance with All patients transferred have the potential Nevada Administrative Code, Chapter 449, for being affected; the case managers and nursing staff will receive education to Hospitals. alert them to the need for caution in selecting the correct facility from drop Complaint #NV00024473 was substantiated with down lists as names can be similar. deficiencies cited. This hospital uses an electronic health record. At discharge, the RN typically A Plan of Correction (POC) must be submitted. selects a drop down menu of facilities The POC must relate to the care of all patients offering rehab services and checks the box of the appropriate facility. If the and prevent such occurrences in the future. The intended completion dates and the mechanism(s) facility is not listed, the 'other' category is used to type in the name of the assigned established to assure ongoing compliance must facility. Upon investigation, it was be included. discovered that the rehab facilities list did not include the names of skilled nursing Monitoring visits may be imposed to ensure facilities offering rehab services. The discharging RN checked the only rehab on-going compliance with regulatory facility that sounded similar: Healthsouth requirements. Valley View when she should have selected the 'other' box and typed in The findings and conclusions of any investigation Vegas Valley since it was a SNF offering rehab and not a rehab facility. Corrective by the Health Division shall not be construed as action is to update the computerized prohibiting any criminal or civil investigations, dropdown lookup screens by adding all actions or other claims for relief that may be SNFs that provide rehab facilities in the available to any party under applicable federal, rehab category as well as the SNF state or local laws. category. 30 charts will be audited for each of the S 512 S 512 NAC 449.379 Medical Records next three months to compare the discharge disposition sheet completed by SS=A case management with the 3. Medical records must be accurately written, documentation in the electronic health promptly completed, properly filed and retained. record completed typically by the RN and accessible. A hospital shall use a system for **Director of Case Management** author identification and record maintenance that ensures the integrity of the authentication of the Anticipated date of correction May 31. record and protects the security of all entries to a 2010. medical record. This Regulation is not met as evidenced by: Based upon the findings of the investigation, the allegation that the facility did not ensure that the If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

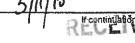
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

STATE FORM

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PRINTED: 04/23/2010 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING_ NVS640HOS 04/21/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA **MOUNTAINVIEW HOSPITAL** LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) S 512 Continued From page 1 S 512 correct discharge destination was contained in the clinical record was substantiated. scope: 1 severity: 1

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies

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